RESPONDING TO BARRIERS TO INCLUSIVE AND EQUITABLE SERVICE DELIVERY WITHIN DOMESTIC VIOLENCE SERVICE PROVISION

Final Report for the Ethno-Culturally Diverse Communities Committee of the Calgary Domestic Violence Collective

NOVEMBER 1, 2019

Prepared for the Calgary Domestic Violence Committee (available on www.cdvc.ca)

Contents

Introduction

The Calgary Domestic Violence Collective (CDVC) is an ecosystem that is inspired by a very powerful idea, ending domestic violence. The CDVC identifies, and supports high-impact opportunities, shares knowledge and influences norms, practices, programs and policies related to domestic violence prevention. Towards this end, the purpose is threefold: To develop capacity to address domestic violence for professionals and allied professionals; To inform and influence decision makers around a framework for ending domestic violence; To ensure a collaborative and coordinated community response to domestic violence in Calgary and Area. The CDVC set the Ethno- Culturally Diverse Communities (ECDC), as an area of focus for the year 2018-2022. The goal behind this was to engage the ECDC in a, "collective impact for solving problems" (Kania & Kramer, 2011, p.2). In this initiative, the Theory of Change statement that ECDC identified is *"when organizational cultures, practices, and policies of inequity are identified and addressed within the domestic violence sector, then marginalized people will experience reduced barriers and increased safety in accessing supports and services."* As Kania and Kramer, 2011 explain, "it is crucial to continue deepening the sector's understanding of what can be understood about the results collective impact initiatives are achieving, challenges they face, and lessons they have learned (p.2)."

Following a community roundtable discussion with various stakeholders, the ECDC determined a need to identify assets, gaps, and challenges to providing services that 'work' in various and diverse communities. One of the identified issues was specific to addressing gender differences, cultural norms, and stereotypes, discrimination and racism. Towards this end, and building from their Theory of Change, the ECDC Working Group of the CDVC engaged in a project to explore and understand Equity and Inequity within the domestic violence services sector.

The purpose of this report is to summarize the findings from this research project and to posit recommendations to guide an action plan for the ECDC. The results come from a review of the literature, a survey with professionals working in the DV sector and interviews with a small group of people currently accessing services for DV. Results highlight barriers to implementing services based on principles of equity and diversity and potential solutions in order to better respond to current gaps in services.

Suggested Reference

Ethno-Culturally Diverse Communities Committee. (2018). *Responding to barriers to inclusive and equitable service delivery with domestic violence service provision: Final report.* Prepared for the Calgary Domestic Violence Committee.

Background

There is "a growing awareness in the area of domestic violence that generic services and support" are not meeting the needs of all survivors, and so, the experiences of diverse groups need to be further examined (Lightfoot & Williams, 2009, p. 133). Practice without fully understanding and respecting diversity "can lead to barriers and obstacles that result in unfair and disparate treatment" (Barrett, George, & George, 2005, p. 419). In the section that follows, key concepts and terms are defined to better clarify the research question and the issues this project is trying to highlight.

Domestic Violence

The CDVC defines domestic violence as "the attempt, act or intent of someone within a relationship, where the relationship is characterized by intimacy, dependency or trust, to intimidate either by threat or by the use of physical force on another person or property. The purpose of the abuse is to control and or exploit through neglect, intimidation, inducement of fear or by inflicting pain. Abusive behaviour can take many forms including: verbal, physical, sexual, psychological, emotional, spiritual, and economic and the violation of rights. All forms of abusive behaviour are ways in which one human being is trying to have control, exploit and/or have power over another."

Interpersonal violence encompasses many different forms of violence: these include physical, sexual, psychological, emotional, spiritual, and cultural violence, financial and verbal abuse, and neglect (Government of Newfoundland and Labrador, 2018). Violence extends beyond physical force to encompass "acts that result from a power relationship, including threats and intimidation" (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002, p. 5). As violence is often a reflection of "an imbalance of power between the victim and the abuser," inequities or differences between partners are often closely intertwined with individuals' experiences of violence (Government of Newfoundland and Labrador, 2018). Inequity may be a result of gender, socioeconomic status, ethnicity and cultural background, health status, disability, age, sexual orientation, education and religious differences (European Institute for Gender Equality n.d.; Swedish International Development Cooperation Agency, 2015; United Nations Office of the High Commissioner, 2014; Wall, 2014).

Understanding Diversity and Vulnerability

Vulnerability has been understood as "inequalities of power, dependency, capacity, or need [that] render some agents vulnerable to harm or exploitation by others… On this kind of view, then, vulnerable persons are those with reduced capacity, power, or control to protect their interests relative to other agents (Mackenzie, Rogers & Dodds, 2014, p. 7). Vulnerability is often associated with the susceptibility of a person to specific harm or threat from external factors from "which people have little or no control" (Stanhope & Lancaster, 2014, p. 375). Factors such as "acculturation, socioeconomic status and education within the context of male dominated

infrastructure and patriarchal family structures" are factors that may impact women's vulnerability to domestic violence (Watson, 2010, p. 17). Fear of not being believed, or fear that police will blame them has been argued to influence men's vulnerability (Dutton & Nicholls, 2005). A lack of culturally competent services creates additional vulnerabilities for individuals with diverse cultural backgrounds experiencing domestic violence.

People who identify as LGBTQ2S+ experience vulnerabilities, when they "fear that… violence will be seen as evidence that their sexual identity or gender identity is unhealthy. Several studies have reported on the many barriers LGBTQ2S+ people experience when accessing services, such as perceived or actual homophobia, transphobia, and racism" (Ristock, 2005, p. 9).

People with disabilities experience high rates of violence, abuse and exploitation (Hughes et al, 2012). "Abuse for a person with a disability can include additional types of control or restraint by the abuser, such as withholding medications, moving someone without their permission, or deliberately placing barriers to their access. And if the abuser is a person's personal care provider, he or she may not be able to find the personal assistance necessary to leave an abusive relationship" (Lightfoot & Williams, 2009, p.134).

Cultural Definitions

Within the literature, there are many terms used in relation to being responsive to cultural diversity. Those most commonly used are outlined to identify how they are distinct from one another.

Cultural safety is a "dynamic and flexible process" that "relies on services establishing meaningful, accountable and equitable long-term relationships with communities built on an understanding of their cultures and worldviews as well as their unique needs and strengths" (Funston, 2013, pp. 3829–3830). When cultural safety is 'taken up', service providers do not make assumptions about culture, clients are not mistreated, and the power differences between them and their clients are minimized (Government of Canada, 2018). Alternatively, culturally unsafe practices are "any actions that diminish, demean or disempower the cultural identity and well-being of an individual" (Ontario Native Women's Association, 2011, p. 10). Cultural security and cultural responsiveness are similar; however, both require that service providers, for instance, are actively working towards meeting individuals' cultural needs (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2011; Australian Attorney General's Department, Australian Institute of Social Relations, 2010).

Cultural proficiency is "the capacity to effectively communicate and interact with culturally diverse people, in a manner that is respectful and responsive to the cultural and linguistic needs of the population" and works towards addressing institutional barriers that prevent people from being able to access and utilize services available to them (Ríos, n.d., p. 35). This includes incorporating diverse cultural elements into service delivery and working to address the barriers that are currently in place (Ríos, n.d.). Similarly, *cultural sensitivity* ensures that service

providers, for instance, are taking the time to interact with each individual instead of making assumptions based on their cultural background (Mendoza, 2001).

Cultural competency has been defined as "individuals and organizations having the values, skills, knowledge, attitudes, and attributes to work effectively in cross-cultural situations" (Whitaker et al., 2007, p. 192). Culturally competent services are responsive to individuals' cultures (Bell & Mattis, 2000) and both individual and 'systems' cultural competence are interrelated as context influences competency (Pyles & Kim, 2006).

Methods

Literature Review

A comprehensive review of literature was conducted through examining both grey literature and academic articles. The search terms used included The search terms used included "best practices," "competence," "competency," "cultural awareness," "cultural competency," "cultural humility," "cultural safety," "culturally appropriate," "culturally affirming," "disability," "diversity," "domestic violence," "domestic violence shelters," "ethical spaces," "equity," "intimate partner violence," "IPV," "LGBTQ," "male victims," "person centered," "service provision," and "vulnerability." A total of 121 articles, reports, and documents were reviewed, 79 of which are included in this report. Databases included in the literature search were Academic Search Complete, Canadian Research Index, CINAHL Plus, Family & Society Studies Worldwide, Google Scholar, and SocINDEX. Any documents published prior to 2000 were excluded to ensure that the information presented was current.

Survey

In May 2019, the ECDC administered a survey to key stakeholders working in the domestic violence sector. The survey begins by asking about professionals' personal experiences with various forms of violence. Examining the scope of personal experience helps us better understand the extent to which people working in the field can assess barriers both personally and professionally. Following this we asked for definitions of diversity, equity and inclusion to understand whether or not there are common understandings of key concepts and then finished with questions regarding barriers and potential solutions. The survey was circulated to the full CDVC membership and several of those members circulated further through their networks (snowball sampling). We received responses from 70 participants (~32% response rate).

Interviews

A series of six interviews took place in Calgary in August 2019 to help understand the experiences of domestic violence (DV) survivors' in seeking out equitable and inclusive services. In addition, we include a summary of results from a study led by the RESOLVE

Centres in Manitoba, Saskatchewan and Alberta and community partners in each province: Laurel Centre/Men's Resource Centre, Family Service Regina and Family Service Saskatoon, Calgary Counselling Centre. This study sought to understand men's experiences as victims of IPV and of help seeking, the barriers/challenges that men experience in terms of seeking help and recommendations for addressing men's experiences of IPV. This study included responses from 45 male victims.

Results

Defining Diversity, Equity and Inclusion

Diversity, inclusion and equity are important considerations when examining the appropriateness of domestic violence services. The CDVC understands these in the following ways:

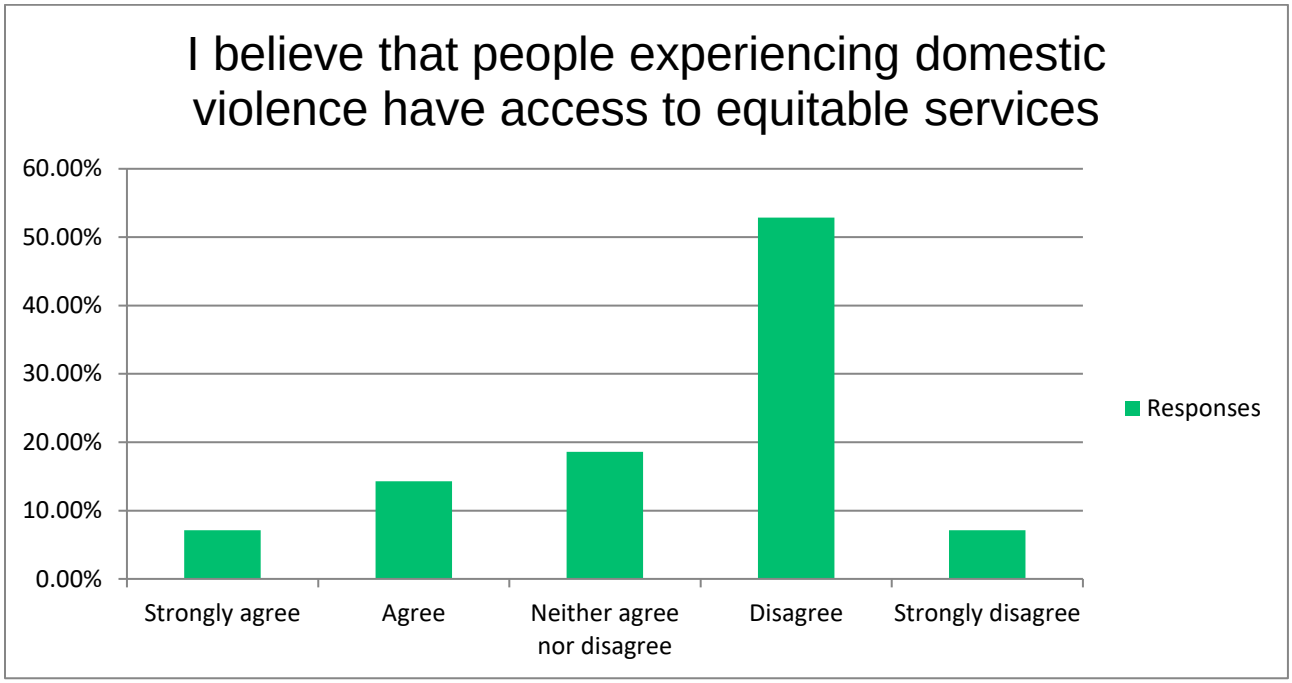
- equity is just and fair inclusion into a society in which all can participate, prosper and reach their full potential.
- diversity is a numerical representation of different types of people
- inclusion is the action or state of including or being included within a group or structure, inclusion involves an authentic and empowered participation and a true sense of belonging

To better understand whether or not there was consensus in understanding these concepts, we provided respondents in our survey with a number of definitions of these key terms including those noted above. Overall, there was limited consensus and/or knowledge of the CDVC definitions, however, when asked if participants believed current DV services are equitable, diverse, and inclusive, (regardless of definition), overwhelmingly participants responded negatively.

The most 'popular' understanding of **equity** (76%) was:

"Equity is fairness achieved through (1) systematically assessing disparities in opportunities and outcomes caused by structures and systems and (2) by addressing these disparities through meaningful inclusion and representation of affected communities and individuals, targeted actions, and changes in institutional structures and systems to remove barriers and increase pathways to equal access to participation/being included"

Only 20% chose the CDVC definition noted above.

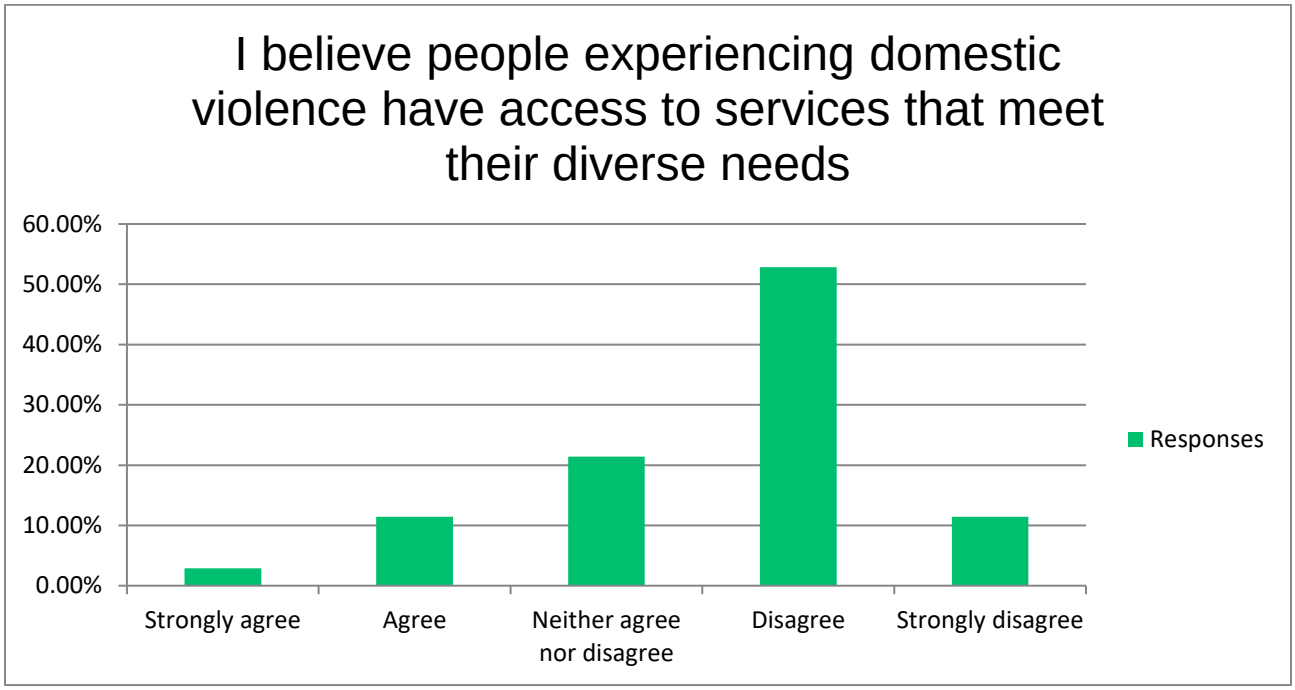


Top 2 understandings of **diversity**

54% said
"Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, language, social class, physical ability or attributes, religious or cultural beliefs/practices, national origin, immigration status, and political beliefs"

42% said
"Diversity means understanding that each individual is unique and recognizing our individual differences. These can be along the dimensions of race, language, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies"

Only 1% of participants chose the CDVC definition noted above.

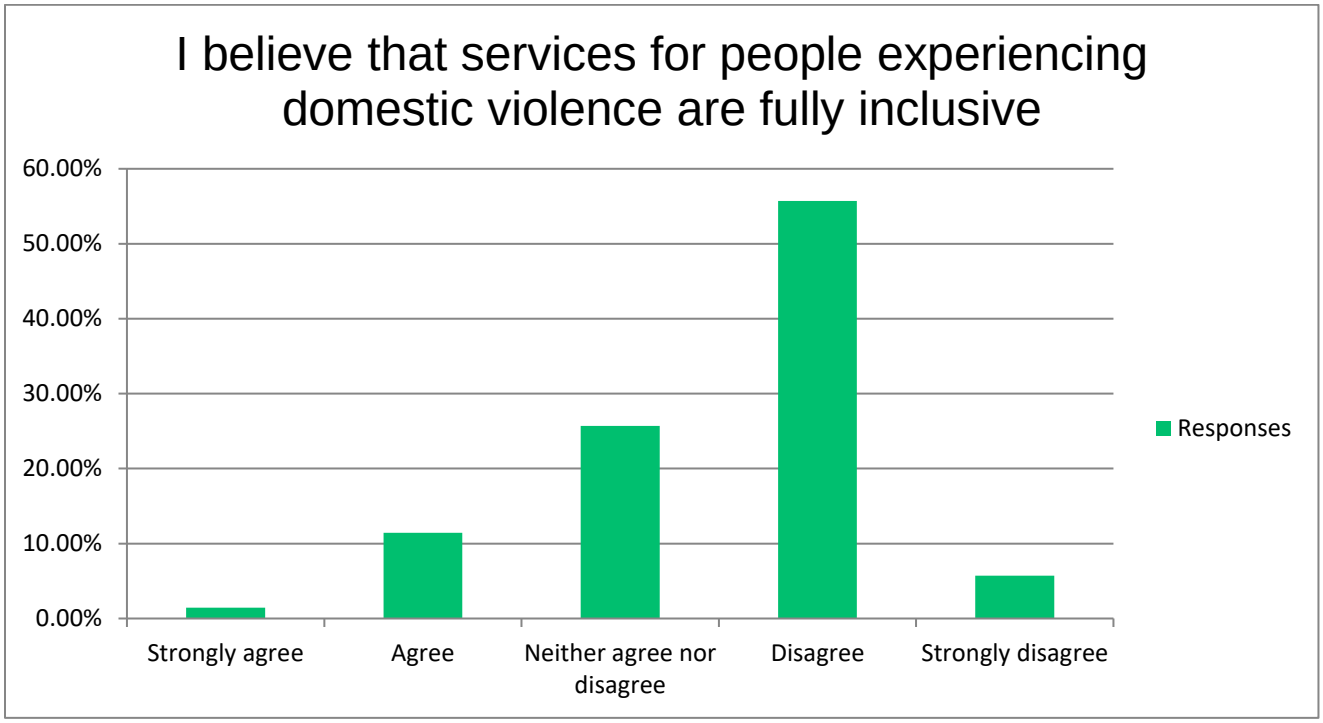


Top 3 understandings of **inclusion**

51% said:
"Inclusion promotes and sustains a sense of belonging; it values and practices respect for the talents, beliefs, backgrounds, and ways of living of its members"

30% said
"Inclusion is involvement and empowerment, where the inherent worth and dignity of all people are recognized"

Only 19% chose the CDVC definition
"Inclusion is the action or state of including or being included within a group or structure … inclusion involves an authentic and empowered participation and a true sense of belonging"



Siloed and Binary Understandings

It has been argued that current understandings of gender, ability, sexual orientation etc… are understood as binary terms or discrete categories. In other words, you are either man or woman, able bodied or dis-abled, white or black, straight or gay. These binary understandings influence how we understand social experiences and identities and therefore how we respond to the issues that people with particular identities are living with (Munro, 2005). A limitation in this way of understanding is that we take an 'exclusionary' approach to policy development and subsequent service delivery. In other words, we design and develop services for people because they are a woman, or because they have a disability or because they come from a particular cultural background. While there is value in designing services for people made vulnerable because of gender, culture and ability, the danger is service delivery that is siloed or responsive to one 'way of being' rather than the ways in which social identity and experience intersect. The other danger is that some groups may have priority over others based on their 'social position'.

Current understandings that take up binary notions of identity and experience are inadequate for understanding diversity fully. While domestic violence services exist to provide-multi-faceted support to individuals experiencing domestic violence, the current landscape has created an unwelcoming environment for some (Martinson, 2001). In this section we surface key arguments on the multiple ways people experience diversity and argue for a lens that is 'pluralistic' or intersectional. In other words, one that recognizes that social experiences, including experiences

of DV and the supports necessary to be inclusive and equitable should be understood as a 'spectrum' that can be responsive to multiple ways of being.

Culture

The literature has indicated that cultural needs of DV victims have largely been neglected within domestic violence services. Responses to domestic violence have been based on Western views and practices (Klingspohn, 2018; Magnussen et al., 2011). The ways in which cultural identity impacts experiences of abuse have received little attention (Kasturirangan, Krishnan, & Riger, 2004; Magnussen et al., 2011). The focus on "whiteness" has led to an exclusion of cultural experiences within the domestic violence services and in discourse (Morrison, 2005).

However, there is "no sense of outrage about discriminatory treatment and lack of culturally competent care" (Bent-Goodley, 2007, p. 92). In order to better reflect cultural identities, alternative frameworks must be examined "that will allow the development of a full continuum of services" (Yoshioka & Choi, 2005, p. 516).

Gender and Sexual Orientation

While domestic violence has been found to affect all genders, dialogue in the literature surrounding intimate partner violence largely focuses on the experiences of women. However, this has begun to shift as "[g]ender difference in help-seeking behaviour is a growing concern" (Cheung, Leung, & Tsui, 2009, p. 448). Researchers have also argued that individuals outside of traditional 'same sex' relationships are often unlikely to engage with domestic violence services (Rogers, 2016). As "domestic violence between same-sex partners is a subject that has been largely avoided by governments, law enforcement, and society," this, along with the experiences of transgender individuals and men, requires further attention (Peterman & Dixon, 2003, p. 40). A greater understanding of men's help-seeking is warranted to better inform service provision for diverse populations leaving domestic violence (Machado, Santos, Graham-Kevan, & Matos, 2017). It is also necessary to identify the ways in which transgender individuals' experiences differ from others in the LGBTQ2S+ community (Barrett & Sheridan, 2017).

Disability

In order to further expand domestic violence services to better support diverse populations, examining domestic violence experiences of individuals with disabilities is critical (Baladerian, 2009). Researchers have identified that the integration of culturally competent practices is very seldom inclusive of disability (Lightfoot & Williams, 2009). While individuals with disabilities are "uniquely placed to articulate an understanding of the ways in which disability, gender and abuse can converge," this discussion is lacking within the domestic violence sector (Nixon, 2009, p. 77).

Intersectionality

A framework of intersectionality, as an alternate to the issues discussed above, includes an analysis of "contexts, the nature of identity, and the interlocking nature of systems of privilege and oppression to show how the categories of race, class, sex, gender, and sexuality rely on each other to function within systems of domination (Crenshaw, 1994; Razack, 1998). Intersectionality is not an 'additive' model that "falsely compartmentalizes experiences of abuse into separate special cases (LGBTQ abuse/women of color abuse/people with disabilities abuse) while keeping white heterosexual women's experiences as the norm and at the forefront…This intersectional framework challenges the oversimplified binaries (e.g., us/them, male/female, good/bad, victim/perpetrator) within which we often work. And challenges us to consider how our current responses often work to address 'one' experience of diversity and/or vulnerability rather than the complex ways that social experiences and identities intersect (Ristock, 2005, p.10).

Barriers to Supporting Diversity

Barriers to service and to implementing services that meet diverse needs are presented as such: individual, family, and community-level barriers, followed by sector-level barriers. This separates micro-level and macro-level barriers from one another, thus allowing for a more meaningful analysis of the current shortcomings and challenges of current practices. Results from the literature review are supplemented with survey results and quotes from the interviews.

Individual-level barriers

The literature suggests that previous experiences of racism, discrimination and stigmatization are significant barriers that decrease an individual's likelihood of accessing shelters and connecting with resources (Anderson & Aviles, 2006; Greenberg, 2012; Martinson, 2001; Tsui, Cheung, & Leung, 2010). For instance, an individual's willingness to disclose their experiences of abuse and their ability to access services are both affected by the fear that they will not be believed and that they will not be recognized as a victim (Anderson & Aviles, 2006; Martinson, 2001; Nixon, 2009).

Lack of knowledge about available services may prevent individuals from being able to engage with domestic violence resources (Lightfoot & Williams, 2009; Senturia, Sullivan, Ciske, & Shiu-Thornton, 2000). Similarly, "confusion about the role of service providers, and the absence of educational outreach to clarify those roles" decreases the likelihood that survivors will be able to access supportive services (Latta & Goodman, 2005, p. 1452).

Concern about financial stability and meeting basic needs such as housing and food affect help-seeking behaviour (Latta & Goodman, 2005; Murdaugh, Hunt, Sowell, & Santana, 2004). For instance, the financial costs associated with therapy in addition to the lack of services offered in languages beside English decreases the likelihood that individuals will be able to access these

resources (Perilla, Serrata, Weinberg, & Lippy, 2012). In another example, transgender individuals may face unique challenges to meeting basic needs including barriers to employment, and housing discrimination, which may decrease the likelihood they feel able to leave their partner (Greenberg, 2012). Survivors of domestic violence may decide that the stability they have prior to leaving their partner outweighs the instability that may come with leaving (Latta & Goodman, 2005).

Individuals may face language barriers such as not speaking English and not being able to access a translator. These not only complicate efforts to address domestic violence, but may also prevent people from being able to disclose their experiences of abuse (Murdaugh et al., 2004; Senturia et al., 2000). Further, survivors may be hesitant to seek help if they were sponsored by their abuser or believe that reporting their experiences might cause them to be deported or denied citizenship (Latta & Goodman, 2005; Murdaugh et al., 2004; Ríos, n.d.).

Gender expectations and stereotypes also create barriers to help-seeking. For instance, the stigma that someone may experience if they are gender non-conforming may lead to unequal treatment and discrimination (Saunders, 2001). Current practices suggest that "culturally created ideologies regarding masculinity and femininity may discourage IPV victims from openly discussing their experience" (Rollè, Giardina, Caldarera, Gerino, & Brustia, 2018, p. 3). For instance, men may not seek help as they may stigmatize themselves and/or may believe that asking for help is "weak" (Pešáková, 2013; Tsui et al., 2010).

Individuals may face any or several of the barriers highlighted in the literature.

Family-level barriers

Individuals may face family pressure to keep the abuse to themselves, thus creating barriers to access (Bent-Goodley, 2007; Senturia et al., 2000). Alternatively, some survivors may want to keep their families together or protect their families, both of which reduce the likelihood that the individual will engage with services (Peterman & Dixon, 2003; Ríos, n.d.). Family size may be a deterrent for seeking assistance as researchers have documented that shelters may not be able to accommodate larger family sizes (Anderson & Aviles, 2006). Further, transgender survivors may be isolated from their families, either geographically or through experiences of estrangement (Greenberg, 2012).

Community-level barriers

Several community-level barriers that impact help-seeking following domestic violence have been reported. For instance, individuals may be fearful to disclose their experience of domestic violence if they are concerned about the impact it will have within their community (Martinson, 2001). Within Indigenous communities, individuals may feel unable to report the abuse if they were abused by an Elder, community member, or family member (Funston, 2013). Survivors

may also hesitate to leave an abuser if they are concerned that the perpetrator will experience a negative response or will lose the support of their community (Weil & Lee, 2004).

Individuals may face community-level barriers if disclosing violence is not considered 'acceptable' within a community (Perilla et al., 2012). Alternatively, survivors "reported that in their home countries domestic violence resources are simply not available," and they therefore may not be aware of what is available to them (Senturia et al., 2000, p. 4). If there is a lack of information of the prevalence of IPV," women may feel stigma and shame if they engage with domestic violence services (Bent-Goodley, 2007).

For some, being part of a small community increases the difficulty of reporting experiences of domestic violence. For instance, the Deaf community is very small and individuals who are part of the community may face stigma if they disclose their experiences or seek formal help (Lightfoot & Williams, 2009). Similarly, LGBTQS2+ communities are often small and affect a survivor's perceived capacity to leave an abuser (Greenberg, 2012; Peterman & Dixon, 2003). Individuals may feel that they have to "choose between embarrassing and alienating her partner and the risk of abandonment by her friends if they take her partner's side" (Peterman & Dixon, 2003, p. 43).

Sector/system-level barriers

One of the sector-level barriers that may inhibit an individual's ability to access care is a lack of services available in different languages. This may include a lack of mental health services available in different languages, a shortage of bilingual shelter staff who speak other languages which prevents care from being culturally-appropriate, and long waiting periods for language-specific advocacy (Perilla et al., 2012; Ríos, n.d.; Senturia et al., 2000). Language-related barriers can manifest in practices such as "police officers responding to domestic violence complaints" who "rely on the batterer for interpretation" (Ríos, n.d., p. 30).

Agency policies that do not reflect the needs of people from different cultures also act as sector-barriers. For instance, there may be policies that do not allow women to speak with their families due to concern about keeping the shelter location confidential (Whitaker et al., 2007). Further, failing to provide diversity training to staff including LGBTQ2S+ experiences of domestic violence and experiences of individuals with disabilities create additional barriers for appropriate service provision. This can lead to a lack of understanding of different types of abuse and terminology specific to gender and sexual orientation (Calton, Cattaneo, & Gebhard, 2016).

Domestic violence services may be in buildings inaccessible for individuals with disabilities. This may include a shortage of language interpreters, a lack of accessible entrances, washrooms, and bedrooms, the presence of physical barriers (e.g. stairs), and the inability to accommodate service animals (Baladerian, 2009; Chang et al., 2003; Kasturirangan, 2008; Lightfoot & Williams, 2009; Thiara, Hague, & Mullender, 2011). Barriers that may prevent the integration of accessibility features and services such as those mentioned above include "lack of funding and

structural limitations" (Chang et al., 2003, p. 704). Further, "many domestic violence organizations believe that being physically accessible is adequate," which creates additional structural barriers to ensuring services are accessible to all survivors (Lightfoot & Williams, 2009, p. 148).

Stereotyping and racism within institutions also act as significant sector-level barriers. This is evident in the ways in which the police may interact with domestic violence victims and how legal processes (e.g. arrest, sentencing) are conducted (Martinson, 2001; Senturia et al., 2000). Further, racism may manifest in the labels and stereotypes that service providers assign to people seeking services (Ríos, n.d.).

Distrust of institutions or previous experiences of discrimination within may lead survivors to be hesitant to engage with systems (Martinson, 2001). Insufficient or inappropriate responses from systems such as the justice system, police, and other service providers may also discourage or demotivate survivors from engaging in help-seeking (Alhusen, Lucea, & Glass, 2010; Calton et al., 2016; Douglas & Hines, 2011; Dutton & White, 2013; Greenberg, 2012; Machado et al., 2017; Nixon, 2009; Pešáková, 2013; Tsui, 2014). This may include minimizing individuals' experiences of abuse, stereotyping men as aggressors, transphobia, homophobia, and ignorance of staff. Additionally, practices that are rooted in the gender binary may manifest in discriminatory service eligibility and language use (Rogers, 2016). Further, Indigenous survivors may face "overwhelming difficulties engaging with and making disclosures to mainstream services in communities where massacres have occurred" (Funston, 2013, p. 3823).

The barriers identified in the literature are well aligned with our interview and survey results specific to help-seeking. In the interviews issues associated with **systems navigation and a lack of awareness** of what is available and how to access were cited by all. Participants reported feeling scared, frustrated and confused with not knowing where to turn for help while suggesting there are not enough resources available to DV survivors. Additionally, interview participants spoke of leaving telephone messages with agencies and receiving either a substantially delayed response or no response at all. Participants were left feeling ignored, alone, and isolated with no support or guidance to help them through the process of seeking supportive services.

"This is all new to me and I have so many questions, but nobody is helping me. How am I supposed to know?"

"*It feels like I am in a dark tunnel and nobody is there to guide me."*

"*Felt like I was stuck and there was nothing I could do."*

Some participants reported feeling **less in control due to systemic interventions** from systems like Child and Family Services, which in turn left them extremely fearful they would have their children taken away from them. Participants spoke of initially not wanting to reach out for help

at all due to the stories they had heard about other's experiences and spoke of feeling threatened, controlled and treated very poorly.

"I was too fearful to contact any agencies. I was scared Children's Services were going to take my children away from me because I have heard lots of stories."

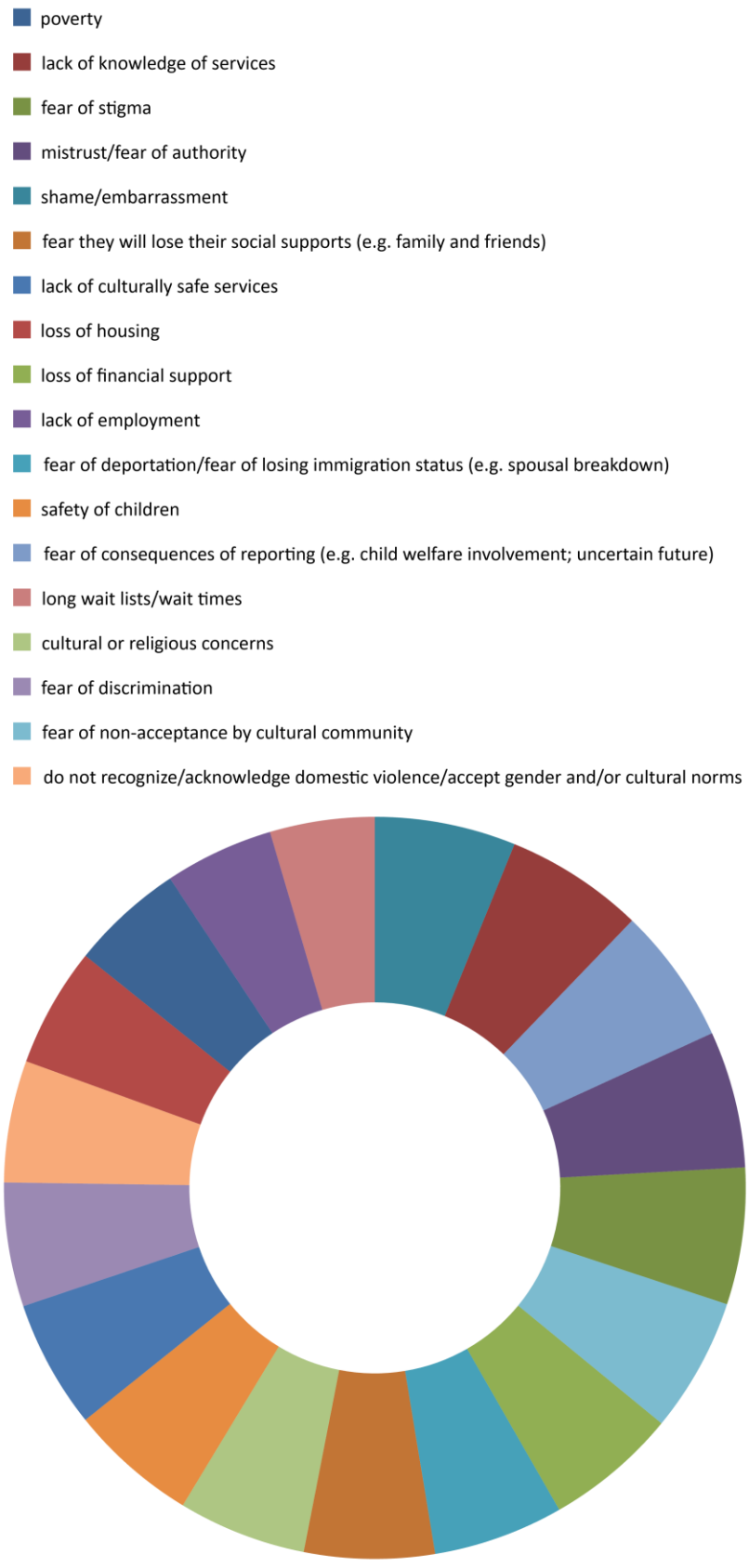
"Once my husband left, they [Children's Services] started to control my life."

Participants born outside of Canada spoke of receiving little or no information about the realities of immigrating to Canada before coming or at the port of entry into Canada. They suggested the following supports very early in their process would have alleviated the anxiety of being a newcomer in Canada: connecting with someone who speaks the same language to provide information and resources about obtaining a SIN and healthcare card; finding a doctor, dentist, counselling services, DV services; how enroll in school and training programs and how to find a job.

Participants in the RESOLVE study (45 men survivors) suggested that they did not feel as though there was the language or a safe 'space; for them to talk about their experiences of violence. They also felt as though there is a **narrative about 'masculinity'** whereby men are expected to be "macho" and able to handle these situations themselves without outside support. Many felt as though they would not be believed or **that they would be blamed.** Many also talked about fear for their children, specifically the perceived bias that children should be with their mothers. This was cited as the number barrier to seeking help for violence.

CALGARY DOMESTIC VIOLENCE COLLECTIVE

Barriers to seeking help for domestic violence (check all that apply)



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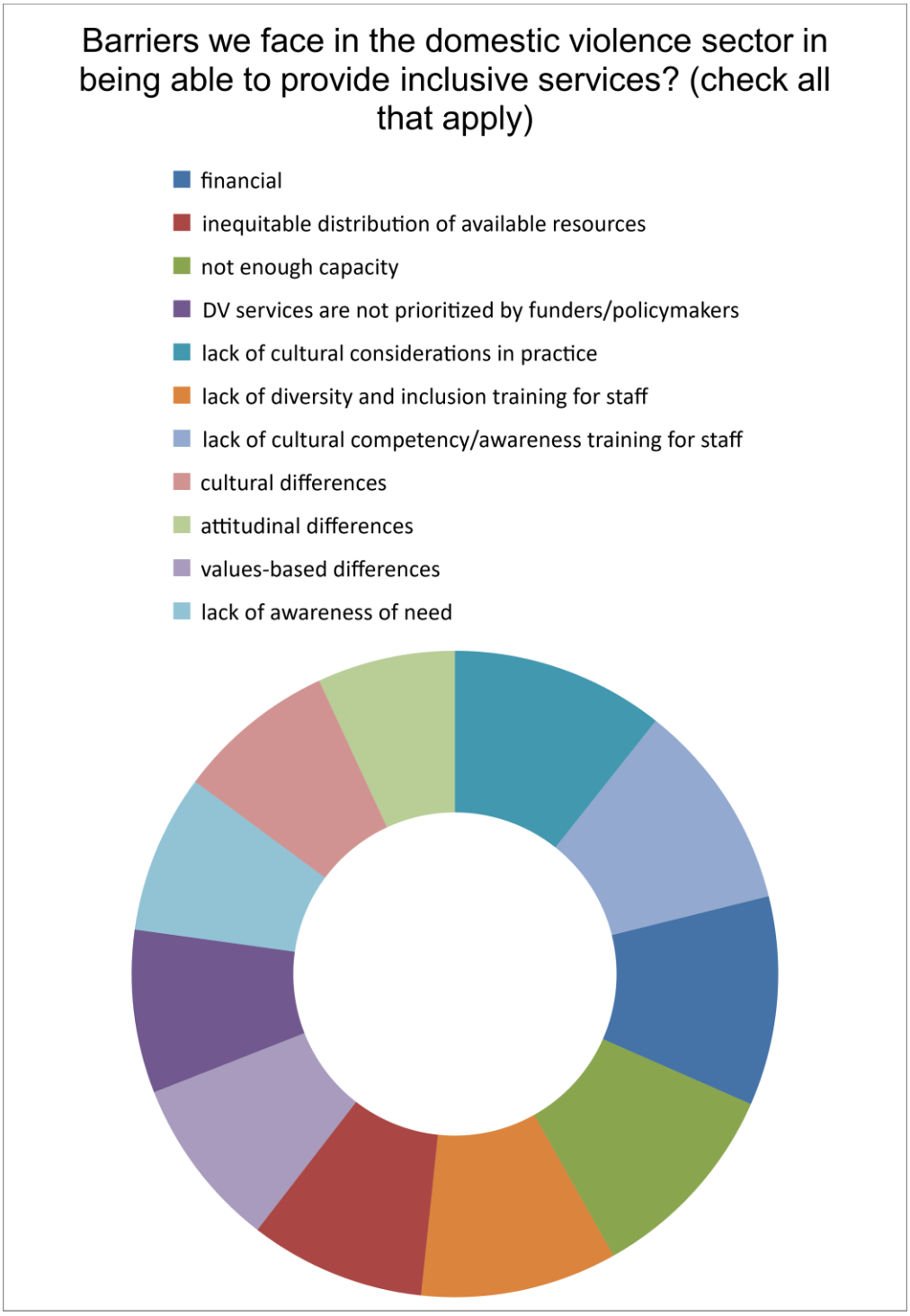
Further **sector level barriers** were also identified.



Building a Diversity Framework: Responding to Multi-level Barriers

When considering experiences of domestic violence, social identity and experience cannot be looked at as stand-alone phenomenon. Rather, experiences of domestic violence are intersectional and encompass culture, gender, sexual orientation, economic positioning, health, values, education, and immigration status (Baladerian, 2009; Bent-Goodley, 2007; Kasturirangan, 2008; Lewis-Charp et al., 2014; Nixon, 2009; Ríos, n.d.; Saunders, 2001; Senturia et al., 2000; Thiara et al., 2011). Rather than isolating one element of someone's identity to examine how it affects an individual's experiences of domestic violence, it is important to "instead think about how all of these categories intersect in complex ways for both individuals and groups" (Warrier, 2008, p. 540).

Through implementing an intersectional lens, this provides a deeper understanding of individuals' experiences and identifies the value in implementing a **person-centered model of care.** This emphasizes the uniqueness of each individual's experiences and encourages service providers to recognize and respond to the diversity of survivors' experiences, rather than expecting people to navigate multiple services and barriers on their own.

Processes and Policy

Processes must be tailored to better account for survivors' experiences and practices. For instance, risk assessment tools must be developed to identify the vulnerabilities specific to individuals' cultural experiences (Messing, Amanor-Boadu, Cavanaugh, Glass, & Campbell, 2013). Further, support plans should be created in partnership with the person experiencing domestic violence and must "promote [an individual's] right to live safely, to participate in cultural or religious practices, to speak [their] preferred language etc." (Domestic Violence NSW, n.d., p. 67).

Reponses to diversity must also be incorporated into agency policies and existing policies must be re-examined (Bhuyan & Senturia, 2005; Senturia et al., 2000). Policies must "clearly show the need for building competency at all levels" to ensure that individuals and agencies are held accountable (Warrier, 2005, p. 7). For instance, this work cannot be siloed; rather, it must be integrated throughout agencies (Lewis-Charp et al., 2014).

It is critical to examine policies and practices on an ongoing basis to ensure that policies are not inhibiting individuals from receiving inclusive and equitable care (Ríos, n.d.). Further, principles that reinforce diversity "should be incorporated throughout the strategic plan" to increase equity on an agency-wide basis (Ríos, n.d., p. 57).

For example, policies that reinforce heteronormativity should be examined. Existing policies that cater to "the discomfort of cisgender residents" should be rectified to eliminate inequality and preferential treatment within service provision (Greenberg, 2012, p. 238). Rather, policies that

emphasize “the uniqueness and particularity of trans communities and their presenting needs in the context of domestic abuse” should be implemented to encourage gender-neutral language to be adopted, thus improving accessibility for LGBTQ2S+ individuals (Rogers, 2016, p. 75). For instance, terminology such as “husband” and “wife” should be replaced with “partner” or “spouse” and intake forms should be inclusive of all genders (Ard & Makadon, 2011; Saunders, 2001). Proper policy and guidance at an organizational level will promote inclusivity in service delivery through providing appropriate procedures and guidance for staff to follow (Saunders, 2001).

In our survey, 63% said we need changes to policy and 55% said more research on best practices

Reponses to the survey specific to policy change included, changes to reduce the “punitive”, “disempowering” response to victims and building accountability towards perpetrators. It was also suggested that organizational policy should be in place to mandate cultural competency training and encourage diverse and inclusive practices.

Policy changes in the interviews highlighted the need to build capacity and knowledge for receptionists and intake workers. Some participants struggled with reading intake forms in English; therefore, agencies who completed the intake process over the phone were regarded as more helpful. Participants who spoke with a receptionist and were subsequently referred to a website for more information were regarded as not very helpful, especially when participants were in a state of desperation and did not have access to a computer. Participants suggested receptionists must be trained on agency information and be willing to provide this information on the phone.

An additional change was for long-term support. Once out of the abusive relationship, participants spoke of feeling overwhelmed trying to create a new life, with many reporting they had no money, no job and no support. They re-iterated the need for more long-term supports including:

- having doctors that are knowledgeable about DV supportive services to support an individual throughout the entire healing journey
- affordable (or free) childcare while searching for a job or enrolled in training programs
- follow-up phone calls from agencies to check in and see how things are going
- legal services that specialize in divorce for DV survivors and understand the long-term impacts of DV

Training

Within the literature, there is extensive discussion surrounding the importance of competency training. For instance, it is suggested that "[c]ultural competency training should be mandated and systematic" to ensure that service providers "learn and understand how particular cultural traditions and beliefs" change women's experiences of domestic violence (Latta & Goodman, 2005, p. 1458). Training should be conducted on a regular basis, with each session adding to the information that was taught previously (Warrier, 2005).

It is suggested that there are many different types of professionals who should receive training, including service providers, health care providers, law enforcement, court workers, and religious leaders (Aboriginal Affairs Victoria Department of Planning and Community Development, 2008; Anderson & Aviles, 2006; Latta & Goodman, 2005; Pyles & Kim, 2006).

Training content will vary slightly depending on the professionals involved; however, the following are some overarching themes that were discussed in the literature. Training may include topics such as different cultural practices, needs, and values, how to work with individuals who have language barriers, how to assess situations and identify solutions, and how to understand the barriers that individuals may face (Domestic Violence NSW, n.d.; Kasturirangan et al., 2004; Warrier, 2005; Whitaker et al., 2007). Further, for training specifically geared towards supporting Indigenous survivors, it is suggested that training should include "the history of genocide […], the impacts of racism experienced within the workplace, white privilege, systemic racism, and acculturation stress" (Funston, 2013, p. 3823).

Where possible, domestic violence diversity training should be **taught/co-taught by individuals with lived experiences** (e.g. individuals with disabilities) (Lightfoot & Williams, 2009). Further, including diverse individuals with lived experience in public awareness programs creates a greater sense of inclusion. For instance, if "individuals with disabilities are included in the public awareness programs," this helps "individuals with disabilities to know that they are welcome at support services agencies (Baladerian, 2009, p. 159).

The literature commonly identifies that training and education are important components of overcoming sector-level barriers. In addition to cultural competency training, as mentioned above, disability and LGBTQ2S training should be provided (Alhusen et al., 2010; B. J. Barrett & Sheridan, 2017; Douglas & Hines, 2011; Lightfoot & Williams, 2009; Rohrbaugh, 2006; Thiara et al., 2011; Tsui, 2014). For instance, "trainings must go beyond trans-inclusive to trans-affirmative or trans-positive models of practice" (Barrett & Sheridan, 2017, p. 155) It is critical that staff receive appropriate training to overcome pre-existing biases and assumptions (Pešáková, 2013). One article suggests that when "working on cases involving same-gender couples, every divorce professional should be required to participate in a workshop or other training focused on violence in same-gender relationships," followed by case supervision by someone with experience supporting LGBTQ2S+ couples (Rohrbaugh, 2006, p. 296). As

survivors face many sector-level barriers with regard to receiving adequate support from the police, the literature suggests that there should be a focus on and tools provided to increasing cultural and gender competency (Aboriginal Affairs Victoria Department of Planning and Community Development, 2008; Douglas & Hines, 2011).

In our survey, 81% believed that we need diversity and inclusion training for staff that includes oppression, racism, social justice, discrimination and 67% said self-awareness training was necessary.

In the RESOLVE study, participants felt that it was very important that core training should be responsive to men and removing barriers specific to them.

Staffing and hiring

Some researchers suggest that agencies must **evaluate who they are hiring and the skills required of staff.** For instance, it is important to hire staff that reflect the population being served and who speak different languages (Bhuyan & Senturia, 2005; Gillum, 2008; Kasturirangan et al., 2004; Lewis-Charp et al., 2014; Mendoza, 2001; Pan et al., 2006; Senturia et al., 2000). However, agencies should never assume that clients want to work with staff who share their cultural background (Domestic Violence NSW, n.d.).

One article identifies that a program in the United States prioritizes **hiring staff who have lived experience** as they share common experiences with clients (Ríos, n.d.). Additionally, it is suggested that agencies ensure staff demonstrate compassion, maintain the confidentiality and privacy of the people they are supporting, and must be aware of their own biases and beliefs (Domestic Violence NSW, n.d.; Mendoza, 2001; Ríos, n.d.; Sumter, 2006; Warrier, 2005; Weil & Lee, 2004). Further, staff should have a strong understanding of the cultural context within which individuals are experiencing domestic violence (BC Association of Aboriginal Friendship Centres and Reciprocal Consulting, n.d.).

Some barriers can be addressed through providing survivors with **'wrap-around' support**. For instance, providing support for individuals attending court, providing childcare and transportation supports, and establishing training and education opportunities within communities (Murdaugh et al., 2004; Ríos, n.d.; Senturia et al., 2000). Further, through "addressing language barriers in medical, legal, and housing services," this will lower the language barriers that may prevent individuals from being able to access available resources (Latta & Goodman, 2005, p. 1454). This is not to say that all service providers should provide all services, rather, **develop strategies to and formalize partnerships outside of the DV sector for seamless referral and/or shared service delivery between providers.**

Finally, in our survey, it was suggested that hiring practices within organizations should focus on **"values-based" interviewing not just skills and education**. In other words, decisions about

who to hire should include whether or not candidates hold similar values as the organization, not just the 'right skills'.

Adapting service delivery

Fear and concern regarding immigration is identified in the literature as a barrier that may prevent individuals from seeking help. Thus, some of the concern that survivors have can be addressed through providing greater education about immigration and clarifying misinformation about how help-seeking may impact their immigration status (Latta & Goodman, 2005).
One of the ways in which family-level barriers can be overcome is through recognizing that some individuals are unlikely to leave their family. Recognizing this, a program in New York State has developed "a full range of non-residential services aimed at helping the Latina stay safe, as well as providing her with educational and employment opportunities so that she may achieve self-sufficiency and her own empowerment" (Ríos, n.d., p. 39). Further, family counselling can occur in environments like churches and community centres that "may be more accepted and trusted by families than hospital-based clinics or shelters," thus lowering the barriers for families who may be otherwise unable to participate (Mendoza, 2001, p. 587). In another example, one shelter allows staff to meet with clients in their homes when appropriate as people from some cultures may be unlikely to leave their families. The same shelter removed length of stay limitations for women with immigration challenges, thus providing them with longer term support (Whitaker et al., 2007).

Some researchers suggest that the inclusion of those with lived experience can contribute to addressing system-level barriers. For instance, receiving input from men who have experienced domestic violence allows agencies to identify how their services can better meet male clients' needs (Tsui et al., 2010). This can be extended to include consultation with diverse individuals to ensure inclusivity and to promote the implementation of an intersectional service delivery lens.

In the survey, we asked "What do we need to add into service delivery to be more inclusive? (check all that apply)

- 90% said understanding that one size fits all services do not work for everyone

"I think we need to mindful of who's experiences are chronically marginalized by one-size-fits-all and more passive (the people who show up are the people who care) approaches. I think for inclusion to be meaningful the process needs to be active, reflexive, ongoing, and likely uncomfortable as biases and assumptions always need to be checked." (survey respondent)

- 65% said education and awareness for funders
- 13% said other

Other suggestions included streamlining services (centralized access to all shelters), building advocacy and activism and focusing on prevention, and "forward-thinking counselling". Once again, the most common response was specific to formalizing partnerships within ethno-cultural communities/ services to ensure DV organizations have access to "cultural liaisons" or people with expertise in immigration/settlement, translation, and cultural sensitivity and awareness. It was suggested that this approach could help reduce stigma and build awareness.
Specific suggestions included inter-agency sharing of resources, particularly for smaller organizations including opportunities for staff training and collective research/advocacy. Cross-ministry collaboration, funding and accountability for DV so it does not sit with in one Ministry also emerged as important. An example would be funding from Justice to support capacity building for staff working in the justice and DV sectors (e.g. how to access to legal supports).

Community engagement and consultation

Cultural competency is a process that occurs over time and requires community partnership to be successful (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2011). This is because "[i]t should not be assumed that communities do not know how to develop their own services" (Bent-Goodley, 2007, p. 99). Rather, it is important that agencies reach out to communities to develop outreach strategies that are community-based and aligned with their culture (Kasturirangan et al., 2004; Latta & Goodman, 2005; Warrier, 2005). Self-determination and community guidance are critical as communities are then able to reflect on their communities' needs and can develop informed solutions (BC Association of Aboriginal Friendship Centres and Reciprocal Consulting, n.d.). Further, individuals with lived experience must be valued for their experiences and should inform program development (Perilla et al., 2012; Ríos, n.d.).

The ways in which engagement occurs must be carefully construed. For instance, "one voice should not have to represent any particular group of people," and thus, **many voices from each community should be involved** (Warrier, 2005, p. 8). Further, engagement must be centered around the community's values and must be judgement-free (Pan et al., 2006).

In order to address community-level barriers, there is discussion in the literature surrounding the importance of community education within diverse communities, including cultural and LGBTQ2S+ communities (B. J. Barrett & Sheridan, 2017; Messing et al., 2013; Senturia et al., 2000). Community education is thought to be an effective way to "increase awareness about the issue and provide information to victims on resources in the community" (Senturia et al., 2000, p. 5). Education is an opportunity to encourage individuals to speak out, thus working towards both domestic violence prevention and intervention (Latta & Goodman, 2005; Messing et al., 2013).

The importance of education also extends to religious communities. It is important that religious leaders receive training and education as people in some communities approach their religious supports instead of reporting domestic violence or accessing other resources (Martinson, 2001).

Further, some researchers suggest that efforts should be made to engage with community leaders such as those within LGBTQ2S+ communities. This will allow for the development of more inclusive programming and will identify how service providers can best meet each community's needs (Alhusen et al., 2010; Calton et al., 2016).

72% of survey respondents articulated the need for **expanded partnerships** and inclusion of diverse stakeholders. Suggestions for expanded partnerships fell within one of several categories systems/sector partners, issues or subgroups, funders and community. The primary reasons for these were to build awareness, reduce silos and build capacity through cross-training.

The most common answer for expanded partnerships included ethno-cultural communities and service providers within the immigrant sector. Other sector/system suggestions included legal, police and justice serving agencies, the disability sector, and child and family services. Formalized partnerships with employers and the business sector as well as government were also suggested.

Suggestions for partnerships with organizations that support particular issues or sub-groups included LGBTQ2S+, and organizations that specialize in mental health and trauma-informed care. Research entities and 'think tanks' were also suggested to help build capacity and training on diversity and inclusion and the impacts of 'siloed' service delivery on people who have survived violence.

Partnerships with funders was suggested as another way to help build capacity. For example, by using the model created by the Calgary Homeless Foundation that offers cost-free capacity building training opportunities for the organizations they fund.

Community partners were described as people with lived experience, in terms of formal and authentic engagement with those that have survived violence to inform decision making. A suggestion was also made to enhance public awareness and reduce stigma by engaging the community at large in discussions and debates about violence.

Participants in the RESOLVE study argued the need for increased public awareness of the experiences of men as victims and existing gender biases.

Indigenous-specific culturally competent care

Existing research has identified that there is support from front-line staff for increased diversity in services, including support for cultural sensitivity and culturally-specific care and for the integration of such practices into service provision (Cannon, Hamel, Buttell, & Ferreira, 2016; Haldane, 2009). There is a need to highlight best practices for Indigenous-specific culturally safe care as Indigenous cultural needs and practices are typically not integrated into service delivery (Klingspohn, 2018). This, in conjunction with the suggestions made above regarding hiring practices, training for staff, etc., must be considered. To begin, staff and agencies must be better

informed about how Indigenous culture and experiences shape experiences of domestic violence. This includes recognizing the impacts of intergenerational trauma, racism, land loss, institutionalisation, and Residential Schools (Domestic Violence NSW, n.d.; Herring, Spangaro, Lauw, & McNamara, 2013).

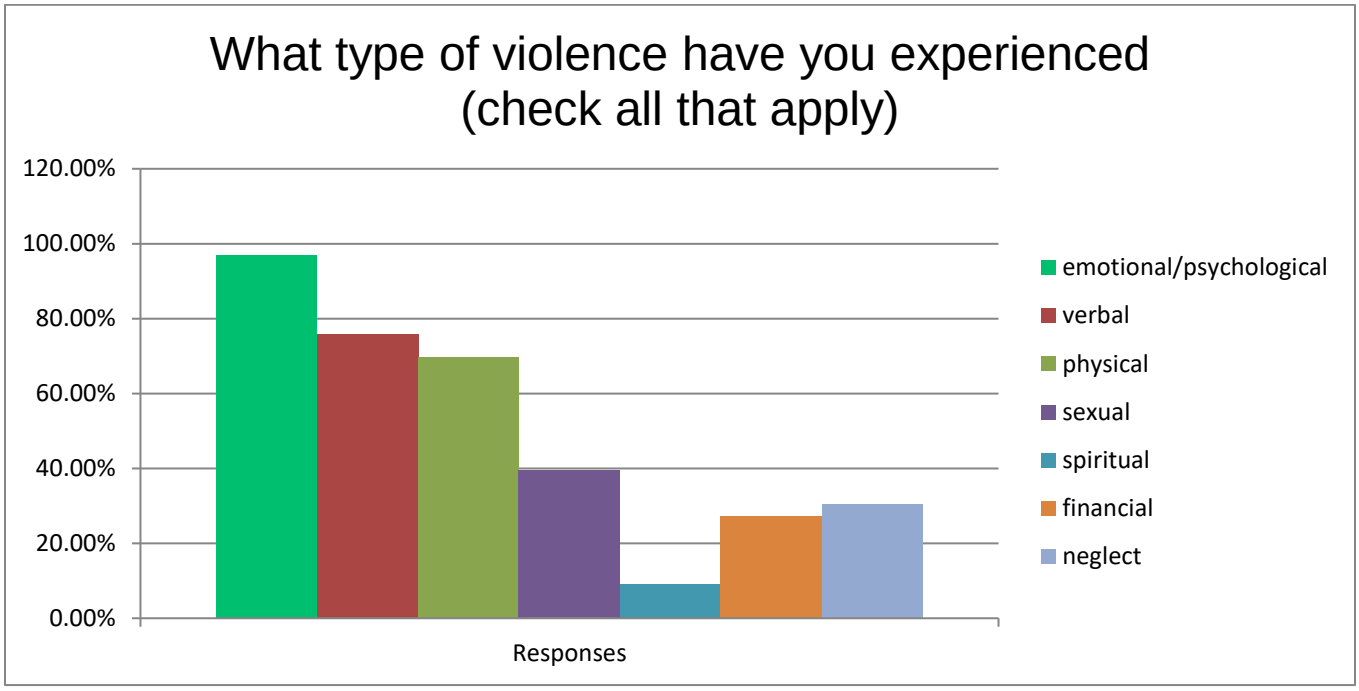
In order to create cultural safety for Indigenous individuals, **Indigenous worldviews, a "strengths-based approach,**" and use of the medicine-wheel should be incorporated into service delivery models (Funston, 2013; Klingspohn, 2018). Programming should be rooted in culture and healing by through facilitating access to cultural ceremonies and programming (Klingspohn, 2018).

Respondents to the survey supported this idea, arguing the need to build awareness and non-judgemental attitudes by focusing on anti-racism and the impacts of Colonialism.

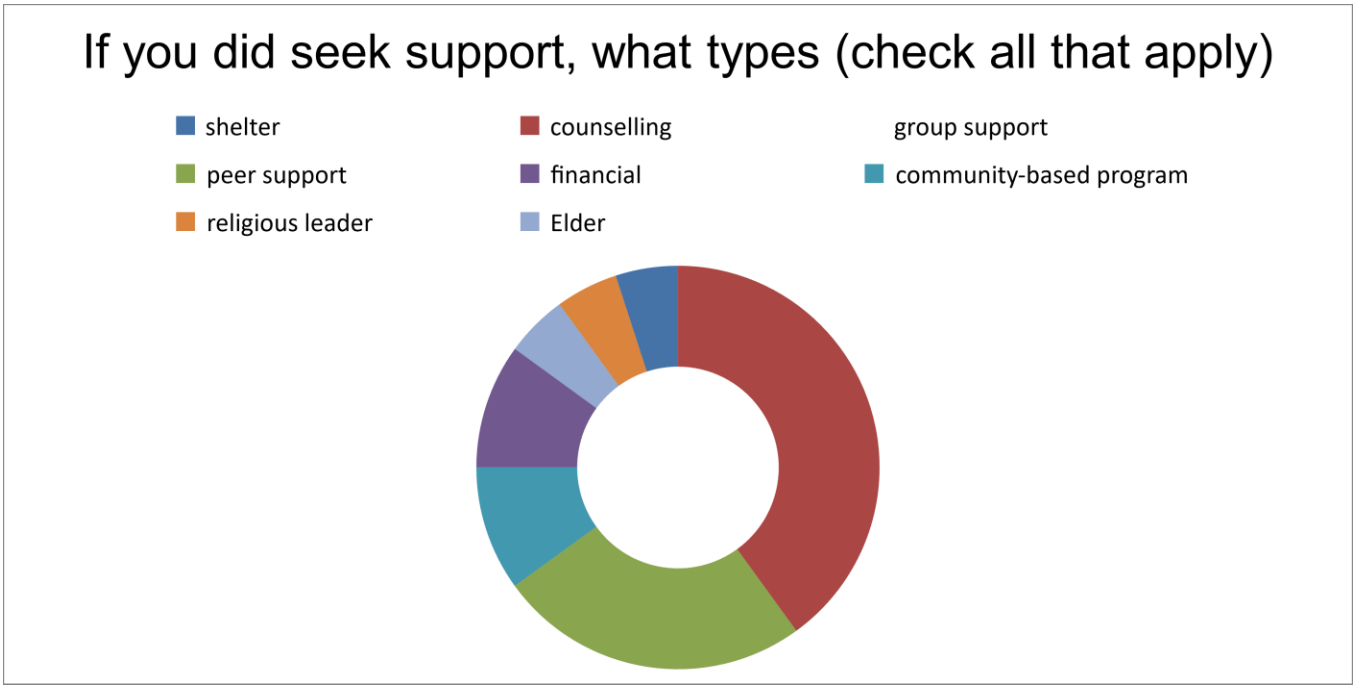
Trauma informed and sensitive approaches

It has been noted that many **people working in DV services have personally experienced or witnessed violence and therefore trauma-informed and 'trauma-sensitive' approaches are needed** (Davies, Todahl & Reichard, 2015). "The power of a trauma-sensitive practice is that it counters the isolation, shame, and self-blame that otherwise sustains interpersonal violence in our communities. Trauma-sensitive practitioners and workplaces communicate, in word and deed, several key messages to patients and staff: (a) we know that many of our patients and staff are experiencing or have experienced interpersonal violence; (b) you can talk about those experiences here—addressing trauma is a part of your health care needs; (c) we are competent to support you in a safe, skilled, and non-judgmental manner; and (d) your trauma-related symptoms are a natural response to interpersonal violence; there is nothing wrong with you, our focus is on supporting you to address, to the extent you wish, what happened to you." (Davies, Todahl & Reichard, 2015, p.458).

In our survey, 48% of participants said they have personally experienced violence and 68% had witnessed it.

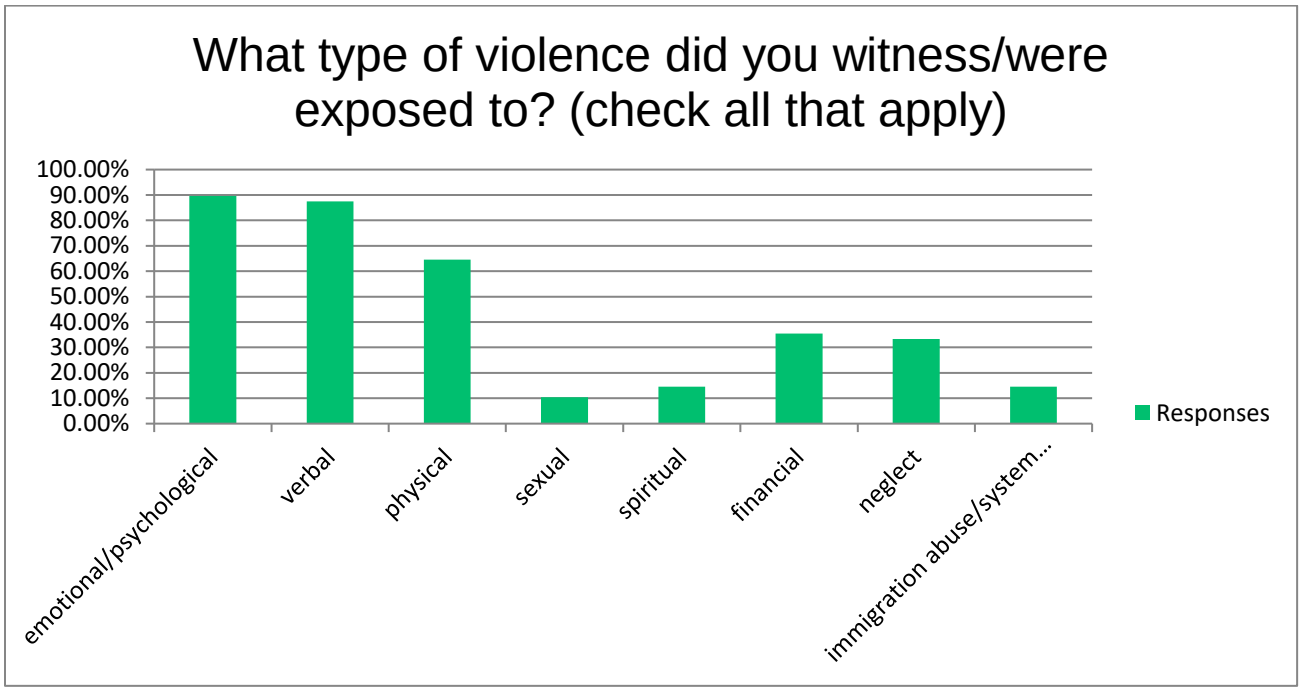


Of those who experienced violence, 38% sought out support to deal with the violence and 62% did not. Of those who did seek support, most sought out counselling.

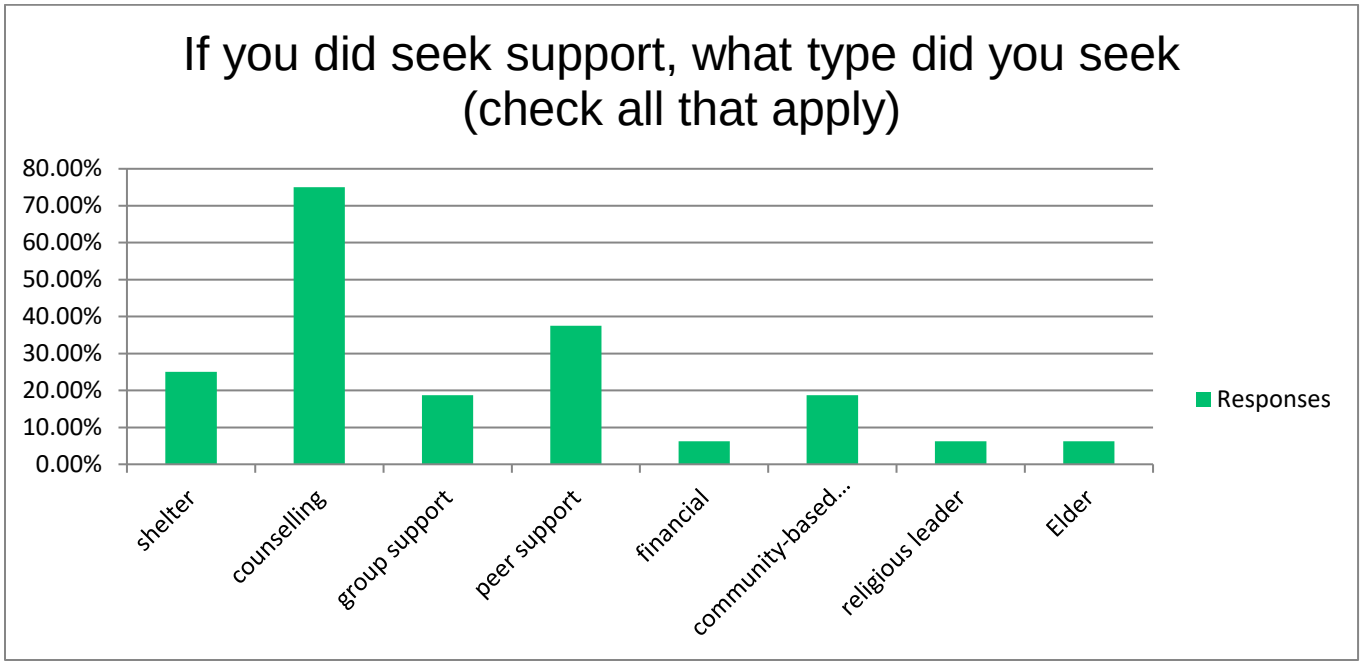


There were multiple reasons for not seeking out support**,** 45% were afraid to ask for help, 45% said they preferred to deal with it themselves and 41% said I did not know where to go for support.

For those who witnessed violence, 69% did not seek out supports to cope with it.



Again, for those that did seek support most sought out counselling.



Reasons for not seeking out support were similar to above:

- 59% said they preferred to deal with it themselves
- 48% said I did not know where to go for support
- 26% I was afraid to ask for help

Offender solutions

There is concern that "despite the consensus in the field that batterers are a heterogeneous group and that programs matched to batterer subtypes and stages of readiness to change are necessary, they are almost non-existent in actual practice" (Price & Rosenbaum, 2009, p. 768). Thus, various programs should be offered to meet the diverse needs of batterers. For instance, programming should be accessible for LGBTQ2S+ batterers and appropriate referrals should be made to such programming (Alhusen et al., 2010; Price & Rosenbaum, 2009).

Researchers also suggest that programs for batterers must be culturally informed and responsive to batterers' cultural contexts (Aboriginal Affairs Victoria Department of Planning and Community Development, 2008; Gillum, 2008; Martinson, 2001; Ríos, n.d.). For instance, a few programs are specifically focused on helping "abusers deconstruct the reasons why they resort to violence and utilize cultural values to support behavioral change" (Ríos, n.d., pp. 36-37). This emphasizes that cultural responses to domestic violence should be integrated in programming for both victims and batterers (Perilla et al., 2012).

When considering the development of cultural programs, it is suggested that the people chosen to lead programming should "have respect as strong, cultural men in the community" (BC

Association of Aboriginal Friendship Centres and Reciprocal Consulting, n.d., p. 29). Further, where appropriate, programming should emphasize the use of oral teachings and participation instead of readings and paperwork (Kiyoshk, 2003; Ríos, n.d.). One program in particular provides participants with opportunities to facilitate classes and become peer educators (Ríos, n.d.). For Indigenous-specific programming, in addition to oral teachings, classes can incorporate cultural practices and symbols such as smudges, prayer, and eagle feathers to allow participants to further connect to their culture (Kiyoshk, 2003). Each of these elements allows participants to not only understand how their culture may have affected their abusive behaviour, but allows them to embrace their culture as they learn how to break the cycle of violence.

Evaluation

Moving forward with more inclusive domestic violence services, **evaluation tools** need to be developed to evaluate their success and continued improvement (Bent-Goodley, 2007; Latta & Goodman, 2005). This may include criteria such as whether or not communities' needs are being met, "who is being served and who is not; what services are requested or needed; and whether the services offered really made a difference" (Purnell, Teng, & Warrier, 2012, p. 17). Further, inclusive and equitable services should be evaluated at individual, organization, and system levels (Pyles & Kim, 2006). Effective evaluation will ensure that strengths and weaknesses of practices are identified and diversity practices are continuously improved upon.

Developing a Response

"Creating a multi-cultural empowerment continuum" moving forward "is about constructing a process and sustaining discourse that truly empowers" survivors of diverse backgrounds (Morrison, 2005, p. 1111). Through increasing diversity and cultural competency across domestic violence service provision, responses to domestic violence will be much more inclusive and more holistic support will be provided to individuals.

Building a **diversity framework** to provide equitable and inclusive DV services requires multi-level responses to complex and intersecting barriers and social experiences/identities.

Summary

- Barriers occur at the individual, family, community and sector/system levels
- Racism and discrimination can be individual experiences or embedded within systems (systemic racism and discrimination is another layer of barrier)
- Current understandings of DV victims and perpetrators are often singular or binary (e.g. man/woman, able-bodied/disabled etc.)
- Binary understandings directly impact (and limit) how we develop policies and deliver services

- Many survivors lack knowledge of available services and experience language/cultural and other barriers
- Many individuals have a fear and mistrust of authority and services
- Family traditions and family dynamics are diverse and can limit what survivors will access
- Many survivors fear the response they will get from their home community
- Disclosing violence often leads to experiences of stigma and shame
- There may be limited resources and long wait times
- Many organizations have a lack of cultural awareness and sensitivity
- Little has been published about safety, humility, equity, diversion and inclusion – primarily about cultural competency
- Little consensus on what diversity, inclusion and equity are
- People who work in the DV sector have a high likelihood of having experienced/witnessed violence – many also faced barriers to accessing supports
- Staff do not feel that we are providing equitable, diverse and inclusive services
- Supports need to be holistic, family-centered and include multiple and diverse services outside of DV sector
- We need expanded partnerships, advocacy, changes to organizational policy and capacity building
- We need change at the sector and system levels
- We need a diversity framework that is reflective of trauma-informed and trauma-sensitive approaches
- Prioritize sector/system level responses to have the greatest impact

Limitations

The literature is largely centered around cultural competency and awareness, with little focus on ethical spaces, safety and cultural humility. Much of the literature is not reflective of pluralistic or multiple ways of being and is therefore not reflective of the full spectrum of services that are needed to respond to the intersections of gender, culture, race, ability, orientation. This limits 'what we know' about providing diverse services that are equitable and inclusive. Limitations in our survey are typical of all surveys and include real or perceived time limitations, in other words, many people may not have participated simply because they did not time. Simon & Goes, (2013) also argue that "surveys often also suffer the limitation of forcing respondents into particular response categories, thereby limiting the range of responses." Limitations associated with our interviews include the small sample size and the reliance on another study's findings to substantiate our own.

Considerations and Recommendations

Considerations and Recommendations

Below are several considerations for the ECDC is determining next steps for developing an action plan. The recommendations are from the research but are aligned with the ECDC Theory of Change.

The outcomes of which are:

1. Increased understanding of inequities within culture, practices, and policies
2. Increased understanding of the role of equity in collective impact
3. Equitable access to services and supports enhances the capacity of the domestic violence sector.

Short-term

- Choose short, medium and long term activities for an equity action plan
- Seek resources (financial and in-kind) to initiate an action plan.
- Identify the 'lead' in advancing each action, leverage partnerships, skills and resources, identify who is missing (e.g. executive directors of settlement agencies, Calgary Legal Guidance, Immigration Refugees and Citizenship Canada and Ministries within provincial government)
- Scan available tools, accreditation processes, HR policies, to determine if we need to create a new tool to measure cross- cultural safe practices. Include the CDVC and its partner organizations in the scan.
- Define and share definitions for equity, diversity and inclusion that recognize the intersectionality of violence with other social experiences
- Include individuals with shared experiences into co-production of training, adaptations to service delivery, policy decisions and future research
- Engage and consult with multiple communities (LGBTQ2S+, disability, cultural, religious etc)
- Include Indigenous-specific engagement and interventions that are reflective of the diverse needs of Indigenous communities and the legacy impact of colonialism
- Examine previous work from AROCC specific to anti-racist practices. Utilize their tools and/or expertise to facilitate action within CDVC
- Build a continuous feedback loop with CDVC

Medium/Long-term

- Support strategies for 'wrap-around' supports to be person-centred, adaptable and flexible to individual need (bridge gaps and formalize partnerships between sectors for seamless service delivery)
- Consider interventions for perpetrators/offenders (promising practices on linguistically and culturally appropriate intervention for survivors and perpetrators/offenders)
- Assess and re-assess the needs of less understood subgroups (male survivors) by reviewing emergent research
- Ensure accountability to changes by building in evaluative practices (for ECDC and CDVC)

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